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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/736,435	12/15/2003	Janet L. Schorr	418268833US	3420
45979 7590 07/30/2010 PERKINS COIE LLP/MSFT P. O. BOX 1247			EXAMINER	
			AMINI, JAVID A	
SEATTLE, W	A 98111-1247		ART UNIT	PAPER NUMBER
			2628	
			NOTIFICATION DATE	DELIVERY MODE
			07/30/2010	ELECTRONIC .

Please find below and/or attached an Office communication concerning this application or proceeding.

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UNITED STATES PATENT AND TRADEMARK OFFICE

Board of Patent Appeals and Interferences

Appeal No: 2009-014734 PERKINS COIE LLP/MSFT Janet L. Schorr, Brent Gilbert, Mark Fredrick Iver

P O BOX 1247

Appellant: Application No: sonet al.

SEATTLE, WA 98111-1247

Hearing Room: 10/736,435 Hearing Docket: A

Hearing Date: Hearing Time:

Tuesday, September 21, 2010 Location:

09:00 AM Madison Building - East Wing

600 Dulany Street, 9th Floor Alexandria, Virginia 22313-1450

NOTICE OF HEARING CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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() HEARING ATTENDANCE WAIVED

ALEXANDRIA, VIRGINIA 22313-1450

In all communications relating to this appeal, please identify the appeal by its number.

Registration No.

Date

Names of other visitors expected to accompany counsel:

CHECK ONE: () HEARING ATTENDANCE CONFIRMED

Signature of Attorney/Agent/Appellant

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